

RYAN WHITE TITLE I PROGRAM
Letter of Medical Necessity for
Appetite Stimulant

Date: _____

As the prescribing physician for _____, who has a diagnosis of _____, it is my opinion that an appetite stimulant is medically necessary for this patient (check the appropriate box):

- ☐ Dronabinol (Marinol) --maximum of 2.5mg b.i.d. dosage*
- ☐ Megestrol (Megace)
- ☐ Pancrelipase (Ultrase)

[*NOTE: Title I funds may only be used to cover a maximum of 2.5 mg b.i.d. dosage of Dronabinol (Marinol).]

The patient's prognosis is _____.

The physician prescribing this medication **MUST** sign and date the Letter of Medical Necessity for Appetite Stimulant attesting to the following:

1. This appetite stimulant will play a vital role in maintaining the patient's degree of wellness by preventing malnutrition, pancreatic and/or digestive insufficiency. This patient has failed to gain or maintain weight with a standard dietary intake. Without this medication this patient will have to be hospitalized.
2. I have tried other dietary regimens such as high calorie high protein meals, pureed food, fortified milkshakes, etc., with my patient with no results. I believe that the appetite stimulant _____ is medically indicated in this case.
3. I understand the need for this appetite stimulant to be reassessed every month and for a Letter of Medical Necessity for Appetite Stimulant to be completed on a monthly basis.

Sincerely,

Patient's Height _____

_____, M.D.
SIGNATURE

Patient's Weight _____

PRINT NAME
(Physician)

Florida Medical License # (MEO#)

Patient's 10 digit Medicaid # (if applicable)

Patient's CIS # (assigned by the Ryan White
Title I Service Delivery Information System)

Please note: All questions should be addressed to Mr. Daniel T. Wall, Assistant Director, Office of Strategic Business Management, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee.

Pursuant to Article VI, Section 6.4 (H) of the Ryan White Title I service agreement, Miami-Dade County has the right to access all client files (including electronic files), service utilization data, and medical records during on site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

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